

RECORD OF ENLISTED COUNSELING		DATE
<b>PRIVACY ACT STATEMENT</b> <i>The authority for requesting the following information is contained in 5 U.S.C. sec. 301, 10 U.S.C. 5947, 44 U.S.C. sec. 3101, and Executive Order No. 9397. This information will be used to document quality force counseling actions not prescribed in other directives. Department of the Navy personnel may also use the information for evaluations and determinations in disciplinary, punitive and/or administrative actions. Disclosure of this information is voluntary.</i>		
NAME (Last, First, Middle Initial)	GRADE	SSN
DIVISION/WORK CENTER/DUTY SECTION	NAME/GRADE OF COUNSELOR	
<b>REASON FOR COUNSELING</b> <div><input type="checkbox"/> PERFORMANCE      <input type="checkbox"/> RESPONSIBILITIES      <input type="checkbox"/> OJT PROGRESS      <input type="checkbox"/> CAREER ADVANCEMENT <input type="checkbox"/> SUPPORT OF DEPENDENTS      <input type="checkbox"/> PRIVATE INDEBTEDNESS      <input type="checkbox"/> SUBSTANDARD APPEARANCE      <input type="checkbox"/> PERSONAL BEHAVIOR <input type="checkbox"/> OTHER (Specify) _____</div>		
<b>REASONS WHICH CAUSED THE COUNSELING REQUIREMENT</b> (Give facts, details, sequence of events, specific dates, etc.)		

PLAN (DEVELOPED BY THE MEMBER AND COUNSELOR\_ TO CONTINUE SUPERIOR PERFORMANCE OR  
TO OVERCOME PROBLEM(S) AND PRECLUDE FUTURE INVOLVEMENT

(Outline all resolutions discussed and indicate which actions the member has personally elected to pursue.)

\_\_\_\_\_  
Signature of Counselor/Date

\_\_\_\_\_  
Signature of Member/Date

I do/do not desire to make a statement.

\_\_\_\_\_  
Signature of Member/Date